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Bib Data Sheet

CONFIRMATION NO. 4801

SERIAL NUMBER 10/812,753	FILING DATE 03/29/2004 RULE	CLASS 436	GROUP ART UNIT 1743	ATTORNEY DOCKET NO. 25249-502
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/458,850 03/28/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>mw</i>	Initials	

ADDRESS

30623
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TITLE

Methods for diagnosing urinary tract and prostatic disorders

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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